

**OFFICE OF THE INSPECTOR GENERAL**

**DMHMRSAS**

**SNAPSHOT INSPECTION**

**SOUTHWESTERN VIRGINIA MENTAL HEALTH INSTITUTE**

**ANITA EVERETT, MD**

**INSPECTOR GENERAL**

**OIG REPORT # 40-01**

**EXECUTIVE SUMMARY**

A Snapshot Inspection was conducted at the Southwestern Virginia Mental Health Institute (SWVMHI) during March 19-20, 2001. This unannounced inspection provided for a brief on-site review of the facility regarding three main areas: the general conditions of the facility, staffing patterns and other staff issues as well as the general activity of the patients at the time of the inspection.

Several sources of information were utilized in the completion of this report including observations, interviews with staff and patients, and a review of documentation including client records, performance initiatives, policy/procedure, personnel information and general programming descriptions.

The facility was well maintained and comfortable with the exception of the adolescent unit, which is housed in the C Building. SWVMHI has plans for relocating this unit into the Bagley Building, integrating all services, once necessary renovations are completed.

Renovations will also allow this facility to provide less unit-based active treatment programming because additional planned changes will enhance secure patient movement to a treatment "mall".

SWVMHI developed and implemented a performance improvement initiative, which effectively addressed previous issues of the recruitment and retention of nursing staff.

<b>FACILITY:</b>	Southwestern Virginia Mental Health Institute Marion, Virginia
<b>DATE:</b>	March 19-20, 2001
<b>TYPE OF INSPECTION:</b>	Unannounced Snapshot Inspection
<b>REVIEWERS:</b>	Cathy Hill, M.Ed. Heather Glissman,B.A. Laura M. Stewart,LCSW Jeff Pittman Linda Bugg
<b>REVIEW ACTIVITIES:</b>	A tour of several treatment units was conducted, clinical records were reviewed, and interviews occurred with patients and staff.

<b>GENERAL CONDITION OF THE FACILITY</b>
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**Finding 1.1: The facility was clean, well maintained and comfortable. Adult living and program areas are well designed to maximize patient privacy and foster increasing independent functioning.**

Background: Southwestern Virginia Mental Health Institute (SWVMHI) is located in rural Smyth County Virginia on 42 acres of land that also houses a county office building, a community services board clinic, and the state mental health adult correctional facility. Only two of the buildings on the property are utilized for the provision of SWVMHI client services, (Bagley and C-unit). The range of adult services is offered in the main Bagley Building which was upgraded in the late eighties. The adolescent program takes place in the C unit, which houses a large school and activity space upstairs from the residential quarters. The Bagley Building is nicely designed, appearing very clean and comfortable. Patients reside in single or double rooms that share a bathroom with the adjoining suite, allowing some privacy. Spacious and well-lit, the residential and programming space provides a sense of comfort and openness. There are a number of different sized rooms

available for visitor meetings, small and larger group sessions, as well as a variety of activity spaces. Patients interviewed expressed feeling safe and believed the staff worked hard at meeting their needs.

**Recommendation 1.1: Continue to maintain the facility in accordance with current principles of patient ability, functioning and dignity.**

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**Finding 1.2: Pony walls in the C Building are potentially dangerous and increase this unit's ward like appearance.**

Background: In contrast with the Bagley Building, the adolescent unit appears dated, cramped, and institutional. Patient living areas are divided according to gender at either end of the unit, but both were constructed in the 1970's with "pony", or half size walls, divided by hanging curtains. This open, dorm like appearance affords no privacy for residents and diminishes comfort. Though probably intended to promote monitoring of patients for safety, this design instead seems to lend itself to increased potential for mischief and hazard. There is one central dorm bathroom, which is shared by boys and girls in shifts. Since there are no individual rooms, patient personal items are stored in locker like wooden bins located off of the bathroom. Staff has clearly made an effort to make the unit more cheerful, and there is age appropriate décor, the inspectors observed it to be cluttered and institutional. Patients interviewed on the unit said that they felt well cared for and respected by staff and were generally comfortable in these surroundings. One individual noted that he did not feel safe because of the proximity of this unit to the prison, which is within sight from the outside of the building.

Fortunately, administration has already undertaken plans to convert a staff office area in the Bagley Building into a new adolescent unit. An architect and building engineer have been consulted and preliminary designs have been developed. Due to an unexpected problem with the plumbing system throughout the Bagley Building, renovation has been delayed, however, the staff assured the review team that this project is approved and they expect that it will be completed by the end of this calendar year. They will begin discussion with the local school system, which provides academic instruction to children in the spacious upper level of Building C, so as to provide a smooth transition of all adolescent services when the residential space is finished. Finally, the staff is anticipating additional benefit to moving the adolescent unit into the Bagley Building since it should reduce response time to codes and enhance staffing coverage within the hospital.

**Recommendation 1.2: Proceed with the planned renovation and relocation of the adolescent services unit into the main Bagley Building.**

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**Finding 1.3: SWVMHI has a well-equipped patient library and services.**

Background: The main patient library is located in the Bagley Building. The library contained a large selection of newspapers, state and regional, and current periodicals.

In addition to the printed materials, audio-cassettes and video-cassettes are available for patient education and entertainment. Two computers and other audio-visual equipment are available. Several of the patients interviewed expressed appreciation for the availability of this material.

**Recommendation 1.3: None. This is a valuable resource for patients receiving psychosocial rehabilitation.**

<b>STAFFING ISSUES</b>
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**FINDING 2.1: The facility operates with staffing levels that meet or exceed the CRIPA expectations.**

Background: Staffing patterns on the evening of the inspection were as follows:

A&B Wards had four nurses and six aides with a census of 36.

The Adolescent unit had one nurse and five aides with a census of 15.

Units C&D had five nurses and six aides with a census of 26.

Units E&F had five nurses and nine aides with a census of 34.

Ward G had one nurse and two aides with a census of 11.

There were three nurses and four aides on H Unit with a census of 19.

Units I&J had four nurses and three aides with a census of 20.

There was one patient in the infirmary or K Unit with a nurse and an aide assigned.

The review team's observations were that the staffing levels were appropriate and therapeutic for providing quality care to the patients. It appeared that the staff was engaged in their duties and the interaction between staff and patients was positive and natural. Staff did not appear uncomfortable with the presence of inspectors and continued to concentrate their attention on the unit activities and patients. Patients interviewed clearly reported that they felt connected to the staff and their treatment team,

and reported feeling treated with dignity and respect. This was most evident when patients expressed concerns for the well-being of staff on the G Unit. The patients

reported that staff were often “pulled” to assist on other units when the need for additional support arises. The patients felt that this sometimes interfered with their ability to meet with staff individually, even briefly, because it left the unit understaffed for this to form of attention to occur.

**Recommendation 2.1: Maintain current staffing patterns. Review the practice of “pulling” staff consistently from the G Unit.**

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**Finding 2.2: SWVMHI has an effective Executive Management team that models teamwork and fosters positive staff morale.**

Background: The inspection team conducted interviews and had interactions with a variety of staff across all organizational levels. There was also the opportunity to observe the interaction between line, supervisory and administrative staff during the two days of the visit. In all instances, there appeared to be a high level of professionalism and rapport between staff giving the impression of camaraderie and cooperation. Staff spoke about feeling supported and genuinely cared about by the administration. Staff provided examples of the administration’s responsiveness to their issues and concerns. Of particular note is the outstanding success that has been realized in addressing shortages among nursing staff, which was a significant problem several years ago. Through reorganization of this department, increased training, the formation of a partnership with area nursing schools, changes in scheduling, increased enforcement of procedure and the use of incentives, SWVMHI no longer experiences recruitment and retention problems among this critical group of employees. It was obvious that these changes have come about through the leadership and teamwork of the executive management team.

**Recommendation 2.2: Commendation to the leadership at all levels of this facility. Consider highlighting this initiative to address nursing shortages at the statewide level.**

<b>PATIENT ACTIVITIES</b>
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**Finding 3.1: SWVMHI staff has developed useful, clear program descriptions and related written materials for staff and patients.**

Background: The written material developed at this facility describing all aspects of its patient operations is exemplary. The Plan for Patient Care Services, which outlines the mission, describes the patient demographics, outlines the scope of services, and describes the clinical processes and department, is simple, logical and comprehensive. It is supported by the program specific materials, which provide greater detail about the unique goals and operations of each unit. Patient and visitor handouts clearly and understandably delineate the respective expectations, rules, and practices that are in place

to promote safety and achievement of maximum progress for each individual. This overall written framework or model helps to set the tone for the efficient delivery of quality patient services throughout the hospital. Most encouraging is the fact that the actual clinical and administrative operations of this hospital appear to correspond to the written plan.

**Recommendation 3.1: Update these materials as needed so as to continue to provide a clear road map for quality services.**

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**Finding 3.2: Patients were engaged in a range of appropriate evening activities.**

Background: The review team observed most of the patient units, which span a variety of patient populations, acuity levels, and needs. Activities that patients were engaged in ranged from watching TV in small or large groups, reading, resting, and participating in small group discussions to doing supervised yoga exercises and making popcorn. Staff were involved in these activities to varying and appropriate degrees. Most patients interviewed indicated that they are encouraged to participate in treatment planning and in identifying activities that they enjoy and find helpful. An example from the

Geriatric Unit involved the conversion of a small room into a padded, cushioned area in which two patients, who are typically in program restraints for positioning and safety, could safely be permitted to have the chance to be unconfined. Staff appreciated this creative intervention. Privileges are individualized and used to encourage the development of independent and adaptive behaviors. It appears as though staff are both innovative and resourceful when it comes to promoting patient growth and wellness.

**Recommendation 3.2: Continue to provide an individualized array of activities to meet the different needs of individual patients.**